								Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO							' 1				
	Effective October 1: 200 BEST							.78	810	10/98	10024
CLAIMS AS FILED - PART I  (Column 1)  (Column 2)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)											
ľ		. V~!	SMARI	KHTH3	· ·	OTHE	RTHAN				
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA					7 _	TYPE		)PdA	SMALL	ENTITY	
L	<u> </u>	TOWN	DER FILLED	NOMBER	I EXTRA		RATE	FEE		RATE	FEE
L	ASIC FEE			1996			355	370.	OR	-48	740
Ľ	OTAL CLAIMS		minus 20= * ( (				X\$ 9=	144	OR	X\$18=	
IN	DEPENDENT (	CLAIMS	6 minus 3 = * }				x3€	1, , ,	OR	X78=	
М	ULTIPLE DEPE	NDENT CLAIM	CLAIM PRESENT			1 F	+130=	17-4	7	4	<del> </del>
* 1	* If the difference in column 1 is less than zero, enter "0" in column 2								OR	+260=	·
CLAIMS AS AMENDED - PART II									TOTAL	<u> </u>	
		(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
A	4	CLAIMS		HIGHEST		1 –		ADDI-	7	SIIIALL	ADDI-
Į.	4. 4.	REMAINING AFTER AMENDMENT	200	NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
<b>AMENDMENT</b>	Total	*	Minus	PAID FOR	=		X\$ 9=	FEE	1	V010	FEE
MEN	Independent	*	Minus	***	=	-			OR	X\$18=	
A	FIRST PRES	ENTATION OF I	MULTIPLE DE	PENDENT CLAIM	<u> </u>	_	X39=		OR	X78=	
							130=		OR	+260=	
BEST AVALLACIONE						'ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	a di man	ି (Colùmn 2)	(Column 3)	, ,	DI11. 1 CL		•	ADDII. FEE	
ENT B		CLAIMS REMAINING	A. 194	HIGHEST NUMBER	PRESENT			ADDI-	Ī		ADDI-
		AFTER AMENDMENT	<b>*</b>	PREVIOUSLY PAID FOR	EXTRA	. F	RATE	TIONAL		RATE	TIONAL
MENDMENT	Total	*	Minus	**			<b>(\$</b> 9=	FEE		X\$18=	FEE
WE	Independent	*	Minus	***	=	-			OR		٠.
⋖	FIRST PRESE	NTATION OF N	IULTIPLE DEI	PENDENT CLAIM		'	<b>K39</b> =	•	OR	X78=	
						<b>`</b>	130=		OR	+260=	
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		(Column 1)		(Column 2)	(Column 3)	AUL	)IT. FEE		,	ADDIT. FEE	
၁	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CLAIMS	. A	HIGHEST				4001		• • • •	
		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	IR	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME	Total	AMENDMENT		PAID FOR				FEE			FEE
AMENDMENT	Independent	*	Minus Minus	##	=	×	\$ 9=	·	OR	X\$18=	•
₹		Line at the second	· <b>1</b> · · · · · · · · · · · · · · · · · · ·	PENDENT CLAIM	=	×	39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								ľ		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						130=	:	OR	+260=	•
"" if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2."  ADDIT. FEE									~	DDIT. FEE	
1	ne "Highest Num	b r Previously Pa	id F r" (Total or	Independent) is th	highest numb r	found in	n the app	ropriate box	in colu	mn 1.	
ORM	PTO-875	·			*	٠.٠		• , • •			
ev 1	1/98)	*U.S. Governm	ent Printing Office: 1	999 459-072/19142	•	Patent ar	nd Tradem	ark Office, U.S	DEPA	RTMENT OF	COMMERCE